

PERMIT APPLICATION  
FOR  
WASTE DISPOSAL

1. NAME OF FIRM OR ORGANIZATION: \_\_\_\_\_

2. TYPE AND QUANTITY OF WASTE GENERATED:

TYPE WASTE	QUANTITY - TONS/YR	DISPOSAL METHOD CODE*
PAPER		
CARDBOARD		
WOOD		
PLASTIC		
RUBBER		
GASEOUS		
LIQUID		
PATHOLOGICAL		
INCOMBUSTIBLES		
GARBAGE		
OTHER		

\* METHOD CODES

- (1) INCINERATION
- (2) COMPANY OPERATED ON-SITE DISPOSAL
- (3) COMMERCIAL DISPOSAL SERVICE
- (4) HAULED BY SOURCE TO SEPARATE DISPOSAL SITE
- (5) SOLD OR OTHERWISE TRANSFERRED TO ANOTHER SOURCE FOR  
RECLAIMING OR RECYCLING
- (6) OTHER (SPECIFY) \_\_\_\_\_

3. DO THE METHODS USED FOR DISPOSING OF WASTE COMPLY WITH ALL  
APPLICABLE AIR POLLUTION RULES AND REGULATIONS?

[ ] YES [ ] NO  
(IF "NO", A COMPLIANCE SCHEDULE, FORM APC 108, MUST BE COMPLETED AND ATTACHED)

IF WASTE DISPOSAL IS BY INCINERATION, PLEASE COMPLETE THE FOLLOWING:

1. INCINERATOR MANUFACTURER'S INFORMATION:

A. NAME OF MANUFACTURER \_\_\_\_\_

B. MODEL NUMBER \_\_\_\_\_

C. RATED CAPACITY (SPECIFY UNITS) \_\_\_\_\_

D. TYPE OF WASTE \_\_\_\_\_

2. TYPE OF INCINERATOR (CHECK ALL APPLICABLE):

☐ SINGLE CHAMBER ☐ MULTIPLE CHAMBER

☐ OTHER (SPECIFY) \_\_\_\_\_

3. AUXILIARY EQUIPMENT (CHECK ALL APPLICABLE):

☐ PRIMARY BURNER FUEL \_\_\_\_\_  
(TYPE)

☐ SECONDARY BURNER FUEL \_\_\_\_\_  
(TYPE)

4. STACK DATA:

INSIDE DIAMETER \_\_\_\_\_ HEIGHT ABOVE GRADE \_\_\_\_\_  
(INCHES) (FEET)

EXIT GAS TEMP. \_\_\_\_\_ °F, VOLUME OF GAS DISCHARGED \_\_\_\_\_  
(SCFM)

5. COMBUSTION AIR

☐ NATURAL DRAFT ☐ STARVED AIR ☐ INDUCED DRAFT  
☐ FORCED DRAFT ☐ OTHER \_\_\_\_\_  
(SPECIFY)

6. HAVE TESTS BEEN PERFORMED ON THIS MODEL INCINERATOR?

☐ YES ☐ NO IF YES, ATTACH COPY OF REPORT

## 7. WASTE FEED METHOD:

☐ FUEL FED                      ☐ CONTINUOUS DIRECT☐ CHUTE FED ☐ BATCH DIRECT

## 8. OPERATING SCHEDULE (TYPICAL)

HOURS PER DAY \_\_\_\_\_ FROM \_\_\_\_\_  
(TIME)

DAYS PER WEEK \_\_\_\_\_ TO \_\_\_\_\_  
(TIME)

WEEKS PER YEAR \_\_\_\_\_

ON M T W T F S S  
(CIRCLE DAY OF WEEK APPLICABLE)

9. IS THERE ANY EMISSION CONTROL EQUIPMENT ON THE INCINERATOR

☐ YES                      ☐ NO                      IF "YES", COMPLETE FORM APC 107

NAME OF PERSON PREPARING APPLICATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_